

RECEIVED

# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

DEC 24 '03

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

S.D. SEC. of STATE

|  |  |   |   |
|--|--|---|---|
| 1. TITLE OF NEWSPAPER<br><b>The Hamlin Co. Republican</b>  |  | 2. DATE OF FILING<br><b>9-26-03</b>                   |   |
| 3. FREQUENCY OF ISSUE <b>1st week of July</b><br><b>weekly except last week of December</b>  |  | 3A. NO. OF ISSUES PUBLISHED ANNUALLY<br><b>50</b>     | 3B. ANNUAL SUBSCRIPTION PRICE<br><b>\$30 and \$35</b> |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)<br><b>PO Box 50 Castlewood, SD 57223</b>  |  |   |   |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)<br><b>PO Box 50, Castlewood, SD 57223</b>  |  |   |   |
| 6. FULL NAME OF PUBLISHER:<br><b>Gregory A. and LeeAnne Archer</b>   |  |   |   |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)<br><div style="display: flex; justify-content: space-between;"> <span style="width: 45%;">FULL NAME<br/><b>Gregory A. and LeeAnne Archer</b></span> <span style="width: 45%;">COMPLETE MAILING ADDRESS<br/><b>PO Box 50, Castlewood, SD 57223</b></span> </div> |  |   |   |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)<br><b>None</b>  |  |   |   |
| 9. EXTENT AND NATURE OF CIRCULATION  |  | AVERAGE NO. COPIES EACH<br>ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED<br>NEAREST TO FILING DATE    |
| A. TOTAL NO. COPIES (Net Press Run)  |  | <b>700</b>  | <b>650</b>  |
| B. PAID AND/OR REQUESTED CIRCULATION   |  |   |   |
| 1. Sales through dealers and carriers, street vendors and counter sales.   |  | <b>140</b>  | <b>90</b>   |
| 2. Mail Subscription<br>(Paid and or requested)  |  | <b>426</b>  | <b>407</b>  |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION<br>(Sum of 9B1 and 9B2)   |  | <b>566</b>  | <b>497</b>  |
| D. FREE DISTRIBUTION   |  |   |   |
| 1. BY MAIL, CARRIER OR OTHER MEANS   |  | <b>6</b>  | <b>6</b>  |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES  |  | <b>0</b>  | <b>0</b>  |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)  |  | <b>572</b>  | <b>503</b>  |
| F. COPIES NOT DISTRIBUTED  |  |   |   |
| 1. Office use, left over, unaccounted, spoiled after printing  |  | <b>128</b>  | <b>147</b>  |
| 2. Return from News Agents   |  | <b>0</b>  | <b>0</b>  |
| G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)   |  | <b>700</b>  | <b>650</b>  |
| SIGNATURE AND TITLE OF PUBLISHER, BUSINESS MANAGER OR OWNER<br><br><b>LeeAnne Archer, Owner</b>  |  |   |   |
| I swear that the statements made by me above are correct and complete.   |  |   |   |

State of South Dakota )

County of **Hamlin** )

(Seal)

Sworn to before me this **25<sup>th</sup>** day of**September**, 20**03****Marlene Mennig**  
Notary PublicMy commission expires **November 10, 2003**.

My commission expires \_\_\_\_\_